

1. NAME OF THE PARTY OR ORGANIZATION	2. ADDRESS
3. CITY	4. STATE
5. ZIP CODE	6. COUNTRY
7. PHONE NUMBER	8. FAX NUMBER
9. E-MAIL ADDRESS	10. WEBSITE ADDRESS
11. TYPE OF ORGANIZATION	12. DATE OF ESTABLISHMENT
13. TYPE OF SERVICE PROVIDED	14. TYPE OF SERVICE PROVIDED
15. TYPE OF SERVICE PROVIDED	16. TYPE OF SERVICE PROVIDED
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99. TYPE OF SERVICE PROVIDED	100. TYPE OF SERVICE PROVIDED

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<b>A</b>	<b>Appeal</b>
<b>O</b>	<b>Objected</b>

Claim		Date	
Final	Original		
	101	✓	11/15/95
	102	✓	
	103	✓	
	104	✓	
	105	✓	
	106	✓	
	107	✓	
	108	✓	
	109	✓	
	110	✓	
	111	✓	
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